

Incident Report

Print Date/Time: 10/14/2019 09:34
Login ID: gmurphy

St Joseph Police Department
ORI Number: MO0110100

Incident: 2018-00007401

Incident Date/Time: 1/30/2018 12:10:00 PM
Location: 3702 FREDERICK AVE
ST JOSEPH MO 64506
Phone Number: (816)248-1889
Report Required: No
Prior Hazards: No
LE Case Number: 2018-00007401

Incident Type: Disturbance
Venue: SJ
Source: Telephone
Priority: 2
Status: In Progress
Nature of Call:

Unit/Personnel

Unit	Personnel
207	34265-Hailey
2X5	47672-Kneib

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Complainant	EAST HILLS MALL SECURITY					
2	E911 Caller	CLARY, ROGER	<UNKNOWN>				

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
RP	1
CL	2

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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01/30/2018 12:10:26 gnorton Narrative: IN FRONT OF THE LIBRARY
01/30/2018 12:10:30 gnorton Narrative: SUBJ REFUSING TO LEAVE MALL LOT
01/30/2018 12:10:45 gnorton Narrative: WF EARLY 20S
01/30/2018 12:11:10 gnorton Narrative: CALLER IS SECURITY FOR THE MALL
01/30/2018 12:11:25 gnorton Narrative: LSW BLK COAT WHI TURTLE NECK BLK PANTS AND BLK BOOTS
01/30/2018 12:11:49 gnorton Narrative: CALLER IS OUT WITH HER
01/30/2018 12:13:53 gnorton Narrative: ** ALSO RECEIVED ALEX WITH FIELDWORKS AND HE ADVISED THAT SHE IS
THERE WITH A PETITION THAT SHE WANTS PEOPLE TO SIGN AND SHE THINKS IT IS PUBLIC PROPERTY - HIS
CALL BACK NUMBE RIS 503-799-7190
01/30/2018 12:28:06 mhagler Narrative: ARNOLD,STACY KAYE 06101985
01/30/2018 12:28:20 mhagler Narrative: OLN 01142858

Global Subject Activity Report

Detail

Print Date/Time: 10/14/2019 09:31

Login ID: gmurphy

St Joseph Police Department

ORI Number: MO0110100

ARNOLD, STACY KAYE

Jacket: 629326 A

SSN:

Address: 1589 RACCOON RD

Sex: Female

MAYESVILLE

SC 29104-8995

Height: 5ft 3in to 5ft 3in

Phone #: (803)428-7024

Weight: 138.0 lbs. to 138.0 lbs.

DOB: 06/10/1985

Eyes: BLU

Race: White

Hair: BLN

DL State: MO

DL#: 011428658



Physical Characteristics:

Appearance:

Hair Style: Straight

Hair Length: Long (Below Shoulder)

Facial Shape: Oval

Complexion: Fair

Build: Average/Medium

Glasses: None

Teeth: None

Speech:

Voice:

Mustache: None

Known Offender: No

Country/State of Birth:

SOUTH CAROLINA SUMPTER

City of Birth:

County of Origin:

Ethnicity:

Non Hispanic

Citizenship:

*US

Tribe:

Hate Group:

Military Service:

Military Discharge:

School:

Beard:

No Beard

DNA Collected Date:

Age Range:

30 to 34

Hand Preference:

Right

Place of Birth:

Occupation:

Other

of Dependents:

Primary Language:

English

Second Language:

Gang Affiliation:

None

Marital Status:

Single

Blood Type:

Religion:

Illegal Alien:

No

Modus Operandi

County of Conviction:

State Of Conviction:

Identifying Clothing:

Crime Specialities

Aliases

Type	Alias	DOB	Race	Sex	SSN	Hair	Eyes	DL#	Height	Weight	Phone
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Nicknames

Entered Date/Time	Nickname Type	Nickname
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Associated IDs

Issue Date	ID Type	Number	Issuing State	Start Date	Expire Date
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Known Associates

Relationship	Name
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School/Employer Information

Relationship	School/Employer Name	Phone Type	Phone
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Scars, Marks, Tattoos

Type	Location	Scar, Mark or Tattoo Detail	Description
Tattoo	TAT BACK	Other	HAS 2 HANDS HOLDING EACH OTHER AND A ROSE ON LEFT SHOULDER BLADE

Handicap Information

Handicap

Current Address Information

Address Type	Address	City	State	Zip
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Prior Address Information

Global Subject Activity Report

Detail

Print Date/Time: 10/14/2019 09:31

Login ID: gmurphy

St Joseph Police Department

ORI Number: MO0110100

Address Type

Address

City

State

Zip

From Date

To Date

1589 RACCOON RD

MAYSVILLE

SC

29104-

1589 RACCOON RD

MAYSEVILLE

SC

29104-

8995

29104-

8995

Contact Information

Date

Type

Phone

Extension

01/30/2018 13:10

Cell

(803)428-7024

Vehicle Information

Vehicle #

Role

Contact Date

Vehicle Type

Make

Model

Vehicle Year

Registration Number

State

Activity

Type : Arrest

Date

Activity Reference

Description

ORI

01/30/2018 12:28

139865

Arrest Type: Taken Into Custody

MO0110100

Charge(s):

20-51 (B), TRESPASS PUBLIC PLACE

Type : Booking

Date

Activity Reference

Description

ORI

01/30/2018 13:11

2018-00000264

Booking

MO0110100

Charge(s):

20-51 (A), TRESPASS

Type : Case

Date

Activity Reference

Description

ORI

01/30/2018 12:10

2018-00007401

Subject Type: Suspect, Incident Type:

MO0110100

Trespass

Charge(s):

20-51 (B), TRESPASS PUBLIC PLACE

Total Activity : 3

Adult Arrests Detail Report

Print Date/Time: 10/14/2019 09:27
Login ID: gmurphy

St Joseph Police Department
ORI Number: MO0110100

From Arrest #: 139865 To Arrest #: 139865

Arrest Detail

Arrest Number : 139865 Adult	Arrest Date: 01/30/2018 12:28	Status Date:
Arrestee Name: ARNOLD, STACY KAYE	Arrestee Type: Taken Into Custody	Arrest Status:
Arrest Location: 3702 FREDERICK AVE		Case Number: 2018-00007401
Miranda Date:	ID Procedure:	
Miranda By:	Resident Type:	
Statement Taken By:	Resident Status:	
Statement Type:	Basis for Caution:	
Arrest Result Of:	Alcohol Influence:	No
Age at Arrest:	Drug Influence:	No
Resisted Arrest:	Clears Case:	NA
Campus Code:		

Charges

Group/ORI	Crime Code/Desc:	Statute/Desc:
L/MO0110100	90J TRESPASS OF REAL PROPERTY	20-51 (B) TRESPASS PUBLIC PLACE
Charge Date/Time:	01/30/2018 12:28	Commit
Counts:	1	
Plea:		
Larceny Code:		
Other ORI:	False	
	Attempt Code:	
	Domestic Code:	
	Disposition:	
	Disposition Date:	
	NCIC Code:	

Arresting Officer(s)

Badge Number/Last Name:	Assigned Bureau:	School Resource Officer:
34265/Hailey		No

Injury Information

None

Booking Card

ARNOLD, STACY KAYE

Print Date/Time: 10/14/2019 09:28
Login ID: gmurphy

St Joseph Police Department
ORI Number: MO0110100



2018-00000264

Booking #: 2018-00000264 Booking Date/Time: 01/30/2018 13:06
Jacket #: 629326 Inmate #:
Address: #Error



Phone #: (803)428-7024 DOB: 06/10/1985 Race: White
SSN: Age: 34 Sex: Female
Hair Color: BLN Eyes: BLU Height: 5ft 3 in Weight: 138.0

Prisoner Type: City Charge Incarceration Reason:
Facility: Pod/Block: Cell: Bed:

Charge:
MO0110100 90J 20-51 (A) TRESPASS
Offense/Charge Date: 01/30/2018 13:12
Case Tracking ORI: MO0110100 Case Tracking #: 2018-00007401 Severest: No

Release Date/Time: 01/30/2018 15:40 Released By: 68808 - Pickerel
Release Reason: Bond Released to ORI:
Released To: Released To Additional Info:

I will have opportunity to contact family or counsel.

Inmate Signature: _____

Booking Officer(s): # _____ # _____

Reviewed By: # _____

Date/Time _____

**ST. JOSEPH POLICE DEPARTMENT**CASE REPORT
NOT AN OFFICIAL REPORT
WORKING COPY ONLY501 FARAON STREET
ST. JOSEPH, MO 64501

CASE NO.

2018-00007401

ASSOCIATED CASES

E V E N T	REPORTED DATE/TIME	INCIDENT TYPE	Was a LAP form completed?
	01/30/2018 13:06	Trespass	NA
	OCCURRED FROM DATE/TIME	OCCURRED TO DATE/TIME	LOCATION OF OCCURRENCE
	1/30/2018 12:10	01/30/2018 12:28	3702 FREDERICK Ave

O F F E N S E	#	SECTION - TYPE	ATTEMPT/COMMIT	COUNTS	DESCRIPTION
	1	20-51 (B)	Commit	12	DOMESTIC CODE - NA TRESPASS PUBLIC PLACE
	2				DOMESTIC CODE - NA
	3				DOMESTIC CODE - NA

V I C T I M / M I S S I N G	SUBJECT CODE	NAME (LAST, FIRST, MIDDLE)		PRIMARY PHONE					
	Victim	Business							
	Society Public	Society							
	STATEMENT TYPE	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				OTHER PHONE			
	DOB	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY
									--
	INJURY TYPE	INJURY - MEDICAL TREATMENT		INJURY - TRANSPORTED BY		OTHER CONTACT INFO			
	SCHOOL/EMPLOYER NAME				SCHOOL/EMPLOYER PHONE				
	SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)								

S U S P E C T	SUBJECT CODE	NAME (LAST, FIRST, MIDDLE)		PRIMARY PHONE					
	Suspect	ARNOLD, STACY, KAYE		Cell (803)428-7024					
	Arrestee								
	STATEMENT TYPE	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				OTHER PHONE			
	None	1589 RACCOON Rd MAYSVILLE, SC, 29104-8995							
	DOB	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY
	06/10/1985	32	White	F	5' 03	138	BLN	BLU	250-61-1007
	INJURY TYPE	INJURY - MEDICAL TREATMENT		INJURY - TRANSPORTED BY		OTHER CONTACT INFO			
	SCHOOL/EMPLOYER NAME				SCHOOL/EMPLOYER PHONE				
	SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)								

W I T N E S S / O T H E R	SUBJECT CODE	NAME (LAST, FIRST, MIDDLE)		PRIMARY PHONE					
	Complainant	Adult		Cell (785)850-1261					
	LANGFORD, ZACKARY, L								
	STATEMENT TYPE	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				OTHER PHONE			
	Verbal	119 S 15TH St TROY, KS, 66081-							
	DOB	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY
	11/01/1993	24	White	M	5' 10	230	BLN	BLU	592-13-7217
	INJURY TYPE	INJURY - MEDICAL TREATMENT		INJURY - TRANSPORTED BY		OTHER CONTACT INFO			
	SCHOOL/EMPLOYER NAME				SCHOOL/EMPLOYER PHONE				
	SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)								

REPORTING OFFICER	34265	DATE	01/30/2018	REVIEWING OFFICER	DATE
Rebecca	Hailey			Greg Gilpin	01/30/2018

ST. JOSEPH POLICE DEPARTMENT WORKING COPY ONLY CASE REPORT - ADDITIONAL VICTIMS	CASE NO. 2018-00007401
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V I C T I M / 2 M I S S I N G	SUBJECT CODE		NAME (LAST, FIRST, MIDDLE)						PRIMARY PHONE	
	STATEMENT TYPE		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)						OTHER PHONE	
	DOB	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY	
	INJURY TYPE		INJURY - MEDICAL TREATMENT		INJURY - TRANSPORTED BY			OTHER CONTACT INFO		
	SCHOOL/EMPLOYER NAME								SCHOOL/EMPLOYER PHONE	
	SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)									

V I C T I M / 3 M I S S I N G	SUBJECT CODE		NAME (LAST, FIRST, MIDDLE)						PRIMARY PHONE	
	STATEMENT TYPE		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)						OTHER PHONE	
	DOB	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY	
	INJURY TYPE		INJURY - MEDICAL TREATMENT		INJURY - TRANSPORTED BY			OTHER CONTACT INFO		
	SCHOOL/EMPLOYER NAME								SCHOOL/EMPLOYER PHONE	
	SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)									

ST. JOSEPH POLICE DEPARTMENT
 CASE REPORT - ADDITIONAL WITNESSES

W I T N E S S / 2	SUBJECT CODE		NAME (LAST, FIRST, MIDDLE)						PRIMARY PHONE	
	Other Subject Not Listed		Business EASTHILLS MALL						Cell (816)279-5667	
	STATEMENT TYPE		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) St. Joseph, MO, 64501-3702 FREDERICK Ave						OTHER PHONE	
	DOB	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY	
	INJURY TYPE		INJURY - MEDICAL TREATMENT		INJURY - TRANSPORTED BY			OTHER CONTACT INFO		
	SCHOOL/EMPLOYER NAME								SCHOOL/EMPLOYER PHONE	
	SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)									

W I T N E S S / 3	SUBJECT CODE		NAME (LAST, FIRST, MIDDLE)						PRIMARY PHONE	
	STATEMENT TYPE		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)						OTHER PHONE	
	DOB	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY	
	INJURY TYPE		INJURY - MEDICAL TREATMENT		INJURY - TRANSPORTED BY			OTHER CONTACT INFO		
	SCHOOL/EMPLOYER NAME								SCHOOL/EMPLOYER PHONE	
	SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)									

ST. JOSEPH POLICE DEPARTMENT

WORKING COPY ONLY

CASE REPORT - NARRATIVE

CASE NO.

2018-00007401

ON 01-30-2018 AT 1212 HOURS, OFFICER KNEIB AND I, OFFICER HAILEY RESPONDED TO 3702 FREDERICK AVE, IN REFERENCE TO TRESPASSING. CALLER, ZACKARY L. LANGFORD ADVISED A WHITE FEMALE WAS ASKED TO LEAVE THE MALL PROPERTY FOR SOLICITING AND REFUSED TO LEAVE.

OFFICER'S MADE CONTACT WITH STACY KAYE ARNOLD (06-10-1985), WHO IMMEDIATELY BECAME VERBALLY COMBATIVE WITH OFFICER'S. SHE TOLD US IT WAS HER FIRST AMENDMENT RIGHT AND SHE DIDN'T HAVE TO LEAVE BECAUSE IT WAS PUBLIC PLACE.

SECURITY OFFICER ZACKARY L. LANGFORD ADVISED HE WANTED TO PRESS CHARGES FOR TRESPASSING. I PLACED HER UNDER ARREST, SEARCHED HER PERSON, AND TRANSPORTED HER TO BOOKING.

I ISSUED ARNOLD A CITY SUMMONS AND BOOKED HER IN FOR CITY TRESPASS WITH A CASH OR SURETY BOND OF \$150.00.

ST. JOSEPH POLICE DEPARTMENT
ARREST REPORT

CASE NO.

2018-00007401

A R R E S T E E	JACKET TYPE Adult		NAME (LAST, FIRST, MIDDLE) ARNOLD, STACY KAYE				PRIMARY PHONE Cell (803)428-7024			
	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 1589 RACCOON Rd MAYESVILLE, SC 29104-8995						OTHER PHONE		SOCIAL SECURITY 250-61-1007	
	DOB 06/10/1985	AGE 32	RACE White	SEX F	HEIGHT 5'03	WEIGHT 138	HAIR COLOR BLN	EYE COLOR BLU	DL NUMBER 011428658	DL STATE MO
	COMPLEXION Fair		BUILD Average Medium		HAIR LENGTH Long (Below Shoulder)		HAIR STYLE Straight		TEETH None	
	ETHNICITY Non Hispanic		MUSTACHE None		BEARD No Beard		GLASSES None			
	ALIAS NAME (LAST, FIRST, MIDDLE)						ALIAS DOB		ALIAS SOCIAL SECURITY	
	INJURY TYPE		INJURY - MEDICAL TREATMENT		INJURY - TRANSPORTED BY		OTHER CONTACT INFO			
	SCHOOL/EMPLOYER NAME						SCHOOL/EMPLOYER PHONE			
	SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 64501-									

A R R E S T E E	LOCATION OF ARREST 3702 FREDERICK Ave		ARREST DATE / TIME 1/30/2018 12:28		ARREST TYPE Taken Into Custody	
	RESISTED ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN No		ALCOHOL INFLUENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN No		DRUG INFLUENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN No	

C #	ORDINANCE / STATUTE	ATTEMPT/COMMIT	COUNTS	DESCRIPTION
1	20-51 (B)	Commit	1	TRESPASS PUBLIC PLACE
2				
3				
4				
5				
6				

N A R R A T I V E	ON 01-30-2018 AT 1212 HOURS, OFFICER KNEIB AND I, OFFICER HAILEY RESPONDED TO 3702 FREDERICK AVE, IN REFERENCE TO TRESPASSING. CALLER, ZACKARY L. LANGFORD ADVISED A WHITE FEMALE WAS ASKED TO LEAVE THE MALL PROPERTY FOR SOLICITING AND REFUSED TO LEAVE.
	OFFICER'S MADE CONTACT WITH STACY KAYE ARNOLD (06-10-1985), WHO IMMEDIATELY BECAME VERBALLY COMBATIVE WITH OFFICER'S. SHE TOLD US IT WAS HER FIRST AMENDMENT RIGHT AND SHE DIDN'T HAVE TO LEAVE BECAUSE IT WAS PUBLIC PLACE.
	SECURITY OFFICER ZACKARY L. LANGFORD ADVISED THEY WANTED TO PRESS CHARGES FOR TRESPASSING. I PLACED HER UNDER ARREST, SEARCHED HER PERSON, AND TRANSPORTED HER TO BOOKING. SHE WAS ISSUED A CITY SUMMONS AND BOOKED FOR CITY TRESPASS WITH A CASH OR SURETY BOND OF \$150.00.

ARRESTING OFFICER

34265\ Hailey, Rebecca, S,

ORI NO. MO 0110100
ST. JOSEPH POLICE DEPT.
ST. JOSEPH, MO 64501

2018-7401

150081960

STATE OF MISSOURI		UNIFORM CITATION	
IN THE CIRCUIT COURT OF		BUCHANAN	COUNTY
COURT ADDRESS (STREET, CITY, ZIP)		411 JULES STREET, ST. JOSEPH, MO 64501	
COURT DATE	COURT TIME	COURT PHONE NO.	DIVISION
3-7-18	8:30		<input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> CIRCUIT
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:			
ON/ARREST DATE	AT TIME	HWY CLASS	UPON/AT OR NEAR (LOCATION)
1-30-18	1222		3102 FREDERICK
WITHIN CITY/COUNTY AND STATE AFORESAID,			
NAME (LAST, FIRST, MIDDLE)			
ARNOLD, STACY, K.			
STREET ADDRESS			
1589 Raccoon RD			
CITY		STATE	ZIP CODE
MAYESVILLE		MO	64504
DATE OF BIRTH	RACE	SEX	HEIGHT
6-10-85	W	F	503
DRIVER'S LIC. NO.	CDL	STATE	WEIGHT
011428658	250611007	SC	138
EMPLOYER			
ADDRESS (STREET, CITY, STATE, ZIP)			
DID UNLAWFULLY <input type="checkbox"/> OPERATE/DRIVE <input type="checkbox"/> PARK <input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ MAT			
VEHICLE	YEAR	MAKE	MODEL
REGISTERED WEIGHT	L	NUMBER	STATE
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:			
TRESPASS			
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)			
DRIVING	POSTED SPEED LIMIT	DETECTION METHOD	
MPH	MPH	<input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE	
IN VIOLATION OF, STATUTE/ORDINANCE - CHARGE CODE		<input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER	
RSMo <input type="checkbox"/> ORD. <input checked="" type="checkbox"/> 20-51			
SEAT BELT VIOLATION, STATUTE/ORDINANCE - CHARGE CODE			
RSMo <input type="checkbox"/> ORD. <input type="checkbox"/>			
<input type="checkbox"/> IN FATAL CRASH <input type="checkbox"/> IN CRASH <input type="checkbox"/> DWI/BAC		OCN	
OFFICER	BADGE	TRP/ZONE	DATE
G. HANEY	34265		1-30-18
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:			
<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.			
PROSECUTOR'S SIGNATURE		DATE	
I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS			
SIGNATURE		DR LIC POSTED	
X REFUSED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

MO 100-0051 (2-15)

ABSTRACT OF COURT RECORD

ALLIANCE PRINTING, INC. (816) 589-8465

PRINTED IN THE

